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EFFECTS OF BREASTFEEDING COUNSELING SELF-EFFICACY (BSE) IN PREGNANT WOMEN TOWARDS IMMEDIATE BREASTFEEDING AND GIVING THE COLOSTRUM IN INDEPENDENT PRACTICE MIDWIVES, PEMATANGSIANTAR Tengku Sri Wahyuni, Juliani Purba, Sri Hernawati Sirait Prodi Kebidanan Pematangsiantar Poltekkes Kemenkes Medan Jln. Pane no 36 Kel. Tomuan Kec. Siantar Timur Kota Pematangsiantar ABSTRACT Breast milk is the best food for babies. The success of breast feeding is influenced by environmental factors, physical, social, economic, political, and psychological.

The psychological factor is related to the attitude of mothers towards breastfeeding process which is influenced by confidence about the ability of mothers to breastfeed is described as self-efficacy. This quasi experimental research a prospective cohort study, aims to analyze the effect of BSE on counseling pregnant women trimester III towards immediate breastfeeding and feeding of colostrum. Sampling is determined by means of consecutive sampling, divided into two groups who received counseling BSE and not given individual counseling responden. 44. Analysis of the wear test bivariat chi-square ( $\chi^2$ ), with a level of significance of 0.05 and  $p < CI$  (95%) while the multivariate analysis using multiple logistic regression. Bivariat analysis results showed that parity is associated with immediate breastfeeding with a value of  $p = 0.005$ ; RR: 1.67; CI = 1.10-2.53 and administering colostrum with value  $p = 0,038$ ; RR = 1.54; CI = 0.98-2.44. BSE is associated with immediate breastfeeding with a value of 0.001  $p <$ ; RR = 2.36; CI = 1.36-4.08 and administering colostrum with value  $p = 0,013$ ; RR: 1,77; CI = 1.04-2.99.

Results of the multivariate analysis indicates that BSE is the most dominant variable influenced by immediate implementation of breastfeeding with a value of 0.001  $p <$ ; RR = 8,26; CI = 2.78-24,51 and so is by administering colostrum with value  $p = 0,019$ ; RR = 3,17; CI = 1.21-8.34. The midwife is expected to provide more intensive counseling about should BREAST FEED and ought to follow training about counseling

of exclusive breast milk. Breast milk counselor to become so as to enhance the achievement of exclusive BREAST MILK Key word : counseling, BSE, Immediate Breastfeeding, early initiation, administering colostrums.

Introduction The United Nation International Children's Emergency Fund (UNICEF) and the World Health Organization (WHO) recommended exclusive breast feeding up to a 6 month old baby (American Academy of Pediatric, 2005). The Ministry of health has been targeting exclusive breast feeding in infants 0-6 months amounting to 80% by 2014 (Kemenkes, 2013). According to the results of the Susenas 2010 in quotation in the Health profile of 2011 brings coverage of exclusive breast feeding in infants 0-6 months nationally is 61,5% while the Northern Sumatra Province only 56,6% (Ministry of Health, 2012).

In the town of Pematangsiantar's achievements for the exclusive BREAST MILK in the year 2012 \_is only 34,78% (Health Office Pematangsiantar, 2013) Based on studies Entwistle et al (2010) in multiple causes of the research results from maternal factors don't provide BREAST MILK among others are: experience, socioeconomic status, smoking habit, the attitude of the mother, the support from health care providers, spouse and mother's self-confidence (self-efficacy) to provide breast milk. The importance of self- efficacy for breastfeeding has been proven in several studies. BSE is counseling needs to be done to be able to motivate pregnant mothers so that they can successfully deliver BREAST MILK exclusively.

Results of the study and RahmawatiHusna (2008) States that what if pregnant mothers are given counseling III



trimester exclusive BREAST MILK intensively, then 23,92 more likely to conduct immediate breastfeeding and giving the colostrum in the first three days of the birth of the baby than mothers who get counseling about BREAST MILK exclusively is not as intense. Research Methods This type of research this includes observational prospective cohort design in quantitative, aiming to analyze the effect of BSE on immediate breastfeeding counseling and giving the colostrum.

These studies compare the intervention group counseling BSE on pregnant women trimester III with the control group, so there are two groups of subjects. This research use questionnaire instruments adopted from research done by Zakiah (2011), where the self efficacy questionnaire obtained by use of a questionnaire being translated from breastfeeding self efficacy scale questionnaire- short form (SF-BSES) as many as 14 item questions.

The sample in this study all pregnant women trimester III checks the pregnancy and childbirth aid in getting 15 BPM Pematangsiantar on the following; 1) inclusion criteria are willing to be sampled in the study until the specified deadline since pregnant in the 3rd trimester until 3rd day of post-partum 2) Has been getting ASI counseling of midwife 4) spontaneous vaginal type of birthing. 4) Singleton pregnancies with gestational age 37 weeks or more 5) Baby birth weight of 2,500 – 4,000 grams, and exclusion criteria are: 1) the mother has an anatomic abnormality 2) mother with obstetric complications (such as bleeding post!, hypertension) 3) baby asphyxiation and there are signs of infection 4) congenital abnormalities with the Baby, such as labioschizis or labiopalatoschizis.

Data analysis was carried out through the 3 stages: univariate, bivariat use statistical test of chi-square ( $\chi^2$ ), with a level of significance of  $p < 0.05$  and Confidence Interval (95%). Relative risks (RR) were calculated using a 2 x 2 table and multivariate logistic regression, using multiple (logistic regression).

Results and discussion Results Table 1 characteristics of Respondents with Relationship Counseling BSE in Pematangsiantar 2014

Characteristic No Respondents \_Konseling BSE Value p \_RR 95%CI

Yes N o \_ Total



n % n % 1.

\_Age Healthy reproduction (20- \_ 38 \_ 49,4 \_ 39 \_ 50,6 \_ 77 \_ 100 \_ 0,74 \_  
0,90 \_ 35 years) \_ \_ \_ (0,50-1,62) \_ 2. \_Unhealthy reproduction  
(<20 and >35 years) Parity \_6 \_ 54,5 \_ 5 \_ 45,5 \_ 11 \_ 100 \_ \_ \_ Multipara \_31  
\_ 54,4 \_ 26 \_ 45,6 \_ 57 \_ 100 \_ 0,26 \_ 1,29 \_ 3. \_Primipara Education Level  
High(SMA-PT) \_13 42 \_ 41,9 51,2 \_ 18 40 \_ 58,1 48,8 \_ 31 82 \_ 100 100 \_ 0,67 \_  
(0,80-2,09) 1,53 \_ 4.

\_Low (SD-SMP) Occupation Employee \_2 7 \_ 33,3 46,7 \_ 4 8 \_ 66,7 53,3 \_ 6 15 \_  
\_100 100 \_ 0,77 \_ (0,48-4,85) 0,92 \_ Unemploye 37 50,7 36 49,3 73 100 (0,51-1,65)

Table 2 BSE Counseling Relationship towards BSE in Pematangsiantar 2014 BSE No Counseling of \_High \_Low \_Total \_Value \_RR \_BSE \_P \_95%CI \_ n % n % n % 1 Yes 36 81,8 8 18,2 44 100 0,011 1,44 2 No 25 56,8 19 43,2 44 100 (1,07-1,93) Table 3 characteristics of the Respondentst's relationship with towards Immediate Breastfeeding in Pematangsiantar by 2014. Immediate Breastfeeding Value RR

N Characteristic \_ Yes N o \_ Total \_p 95%CI

o respondents n % n % n % 1.

Age Healthy 50 64,9 27 35,1 77 100 1,000 1,02  
 reproduction (20-35 years)  
 Unhealthy 7 63,6 4 36,4 11 100 (0,63-1,64) reproduction  
 (<20 and >35 years) 2. Parity  
 Multipara 43 75,4 14 24,6 57 100 0,005  
 1,67 Primipara 14 45,2 17 54,8 31 100 (1,10-2,53) 3.

Education Level High(SMA-PT) 52 63,4 30  
 36,6 82 100 0,418 0,76 Low (SD-SMP) 5 83,3 1 16,7 6  
 100 (0,51-1,12) 4. Occupation Employee 9

60,0 6 40,0 15 100 0,671 0,91 Unemploye 48 65,8 25 34,2 73 100

(0,58-1,42) Table 4 relationship of Characteristics of respondentsts by administering

Colostrum in Pematangsiantar by 2014. Administering the Colostrum Value RR

N Characteristic \_Yes No Total \_P 95%CI

o respondents \_n\_% \_N\_% \_n\_% \_ \_1.

\_Age Healthy reproduction \_ 43 \_ 55,8 \_ 34 \_ 44,2 \_ 77 \_ \_ 100 \_ 0,751 \_ 0,87 \_ \_  
\_(20-35 years) \_ \_ \_ \_ \_ (0,53-1,43) \_ \_ 2. \_Unhealthy reproduction (<20 and >35  
years) Parity \_7 \_63,6 \_4 \_36,4 \_11 \_ \_100 \_ \_ \_ \_ \_ Multipara \_37 \_64,9 \_20 \_35,1 \_57 \_  
\_100 \_0,038 \_1,54 \_ \_ 3. \_Primipara Education Level High(SMA-PT) \_13 48 \_41,9 58,5  
\_18 34 \_58,1 41,5 \_31 82 \_ \_100 100 \_ 0,396 \_ (0,98-2,44) 1,75 \_ \_ 4.

\_Low (SD-SMP) Occupation Employee \_2 7 \_33,3 46,7 \_4 8 \_66,7 53,3 \_6 15 \_ \_100 100  
\_ 0,383 \_ (0,55-5,52) 0,79 \_ \_ Unemploye 43 58,9 30 41,1 73 100 (0,44-1,40)

Table 5 Relationship BSE Respondents with Immediate Breastfeeding Pematangsiantar in 2014

Immediate Breastfeeding	N	BSE	Yes	No	Total
Value	RR	O	P	95%CI	n % n % n %
1	High	48	78,7	13	21,3
2	Low	9	33,3	18	66,7
					27
					100

Table 6 Relationships BSE Respondents by Administering Colostrum in Pematangsiantar 2014

Administering the colostrum	N	O	BSE	NO	Yes	Total
Value	P	RR	95%CI	n % n % n %		
1	High	40	65,6	21	34,4	61
2	Low	10	37,0	17	63,0	27
						100

Table 7 the final results of the logistic regression analysis of double effect of BSE On Counseling pregnant women Trimester III towards Immediate Breastfeeding in Pematangsiantar 2014.

No Variable Coefficient \_Value p Exp (B) 95%



(B) CI for Exp (B) 1. Parity 1,466 0,007 4,33 1,49 - 12,52 2.

BSE 2,112 0,000 8,26 2,78 - 24,51 Constanta - 1,921 - - - - Table 8  
the final results of the double logistic regression analysis effect of BSE Counseling on  
Pregnant Women III Trimester towards The administering of Colostrum in  
Pematangsiantar 2014

No Variable Coefficient \_Value p Exp (B) 95%

(B) \_ CI for Exp (B)

1. Parity 0,919 0,052 2,50 0,99 - 6,34 2. BSE 1,156 0,019 3,17 1,21 -  
8,34 Constanta -0,971

## Discussion Characteristics Of Respondents a.

Age Of the 77 respondents aged healthy reproduction (20-35 years) there were 50 respondents (64,9%) was doing immediate breastfeeding, there are 43 respondents (55.8%) of colostrum that gives, and of the 11 respondents aged reproduction is not healthy (< 20 and > 35 years) there are 7 respondents (63,6%) that do immediate breastfeeding colostrum that gives Results and statistical tests show that age does not relate to conduct \_Immediate Breastfeeding and feeding colostrum with ( $p = 1,000$ ) and ( $p = 0,751$ ).Administering colostrum on this research is not related to age, this might be due to mothers who become the respondents in this study already understand the importance of giving of colostrum they get counseling on BSE for the respondent who got the treatment as well as counselling on BREAST MILK given by a midwife at the time gave the pregnancytreatment. BSE counseling and counseling BREAST MILK given to



respondents without differentiating the age of respondents.

Giving BREAST MILK is a very complex interaction between mechanical stimulation, the nerve, and various hormones. At the age of healthy reproductive hormone produced naturally is still pretty much stable. In addition, the formation of breast glands histologically and biochemistry that is affected by the hormones estrogen and progesterone called mammogenesis already underway since the fetus and will have formed a perfect pregnancy age on the healthy reproduction (Suradi, 2007). b. Parity Research results get 57 respondents (64,8%) with multipara parity, it is also found on the research of Rahmawati (2009) about number of respondents with parity multipara as much (65,45%) in Makasar.

Chi-square test result indicates the parity is related to perform immediate breastfeeding with a value of  $p = 0.005$ . The relative ratio obtained amounted to 1.67 with 95% CI: 1.10- 2.53. As well as administering colostrum shows parity is associated with giving the colostrum ( $p = 0,038$ ). The relative ratio of 1.54 obtainable with 95% CI: 0.98- 2.44. Multiple logistic regression test results obtained immediate breastfeeding related parity ( $p = 0.007$ ), relative ratios obtained amounted to 4.33 with 95% CI: 1.25-14.9, whereas for the grant of colostrum unrelated parity ( $p = 0,052$ ).

The experience of successful breast- feeding may boost confidence, as well as a strong desire in the mother to breastfeed her baby. Achievement (performance accomplishment) in nursing is the first factor influencing BSE (Dennis, 2003). Wardani (2012) in the results of his research also says that breastfeeding success experience, knowledge and understanding of nursing techniques become important factors of self- efficacy. Results of research from Muaningsih (2013) reported that the experience of breastfeeding was formerly the most influential factors towards the value of BSE. Experience the events that ever lived, experienced, and perceived either long-or just happened.

Experience can occur in any person, good experience sad, uplifting, and boasts. Mothers who breastfeed successfully before having a joyous experience and boast. Mothers who breastfeed have previously failed a sad \_experience. Breastfeeding experience is certainly only a mother obtained at multiparity (Muaningsih, 2013). In the current study might experience as a multipara mother breastfeeding experience is a good way. The experience of motherhood may be the success of breast feeding in early labor, experience the success of exclusive breast feeding, the experience of getting the **growth and development of infants** with breast feeding may also experience so even its economic if given breast milk. All good experiences perceived mother certainly had an impact on the value of BSE's mother. The value of high BSE-related implementation of immediate administering colostrum and breastfeeding.

Research in Lebanon finds mother multipara has the possibility of 2.6 times more likely to provide exclusive BREAST MILK compared to primipara. The higher the number the more parity increase success rate of exclusive breast feeding (Al-Sahab et al, 2008). The success of exclusive breast feeding may be preceded by implementing immediate breastfeeding and administering of colostrum. c. Education For variables of education 82 respondents with higher education in mind there are 52 respondents (63,4%) was that do immediate breastfeeding and from 6 respondents with low education there are 5 respondents (83,3%) was that do immediate breastfeeding.

There are 48 respondents (58,5%) that provide the colostrum from the 6 respondents with low education there were 2 respondents (33.3 percent) that provide the colostrum. Chi- square test results indicate that education does not relate to conduct Immediate Breastfeeding colostrum feeding and value p respectively 0,671 and 0,396. Education is not related to the implementation of immediate breastfeeding and administering colostrum. This may be due to the knowledge of the ASI could've obtained from different media and with a language that is easily understood by all levels of education.

Easy to acquire this information will certainly affect the level of BSE mother regardless of level of education. Research in Brazil in 2005 found a mother who received primary and secondary education with duration of education has 9 years < risk to stop breast feeding as many as 1.2 times. The lower the mother's level of





education is also the lower the success rate of exclusive breast feeding (Mascarenhas, 2006).

Immediate breastfeeding is one of the factors that affect the probability of breast feeding success in the newborn (Fikawati, 2010) d. Occupation /Jobs For variables of the work of the 15 respondents who worked there (60.0%) of respondents 9 that do immediate breastfeeding, there are 7 respondents (46,7%) of colostrum and giving of the 73 respondents who don't work there are 48 respondents (65,8%) that do immediate breastfeeding as well as there are 43 respondents (58,9%) is giving the colostrum. Chi-square test result of work unrelated to do immediate breastfeeding ( $p = 0,671$ ) and is not related to give colostrum ( $p = 0,383$ ).

Mothers who are not working may be more have the opportunity to carry out immediate breastfeeding and administering colostrum because they have the time and opportunity more in preparing for the laktasinya. Whereas, working mothers may not heed the immediate implementation of breastfeeding and feeding colostrum because of his work situation will accelerate the use of infant formula milk. In this research the status of a job does not affect the implementation of immediate breastfeeding, this might be due to working mothers have also been able to plan well during lactation to be traversed.

Mothers can already anticipate a short maternity leave with the preparation time of lactation is good, the way time works on BREAST MILK storage and fulfillment needs BREAST MILK for her baby while moms working . Immediate Breastfeeding The results showed that more respondents are implementing immediate breastfeeding i.e. 57 respondents (64,8%). This immediate breastfeeding figures higher than obtained by Rahmawati (2009) only (57,3%) respondennya that implement immediate breastfeeding.

High results the implementation of immediate breastfeeding in this study may be due to the success of the BSE counselling has been given intensive support of midwife birthing support helper program IMD/immediate breastfeeding. A baby at the age of less than 30 minutes should be immediately disusukan to \_his mother, in this case not for giving nutrients but to learn nursing mother's breast is preparing to start producing breast milk. Feeling happy to see baby can breastfeed and satisfaction will stimulate the glands secretes oxytocin posterior hipofisis to speed up spending on ASI (Lawrence and cit Ac Fikawati, 2003).

In addition, immediate breastfeeding needs to be implemented because the movement to suck in the newborn will culminate at the time was 20-30 minutes, so in late lactation reflex will be reduced and weakened (Roesli and Fikawati, 2003). Breastfeeding is a start toward immediate success of breastfeeding exclusively. immediate breastfeeding mom can make sure to breastfeed. Research results Fikawati

dkk, (2010) found that the important factors that led to the failure of the exclusive BREAST MILK because the mother was not facilitated doing immediate breastfeeding.

A newborn baby was given only BREAST MILK since the beginning had great opportunities to successfully BREAST FEED exclusively. Administering Colostrum For granting this research on colostrum, obtained 50 respondents (56,8%) of colostrum that gives only the first 3 days and this result is slightly lower than that obtained Rahmawati, (2009) is gaining (57,2%). On the results of this research administering of colostrum is lower than the results of the implementation of immediate breastfeeding.

This may be caused because mothers who carry out immediate breastfeeding not necessarily give colostrum only up to 3 days post-partum. The least amount of colostrum produced may lead to the assumption that the mother's colostrum insufficient food/fluid requirements needed by the baby. Colostrum is very important for the baby a lot more because it contains antibodies 10 – 17 times compared to mature BREAST MILK and can provide protection for infants until the age of 6 months.

Colostrum is the first fluid secreted by the glands of the breast, contains tissue debris and residual material contained in the alveoli and the ducts of the breast glands before and after the period of puerperium. Colostrum is thick viscous liquid with a yellowish color, more yellow than with ASI matur, secreted on the first day until the 3rd or



4th. Composition from day to day is always changing (Roesli, 2009). Breastfeeding Self-Efficacy (BSE) The results of this research to get respondents who have breastfeeding self- efficacy is high i.e. 61 respondents are(69,3%).

From 61 respondents rated high BSE there are 48 respondents (78,7 percent) that do immediate breastfeeding, and there were 40 respondents (65,6%) that provide the colostrum. Of the 27 respondents who have a low value of BSE there are 9 respondents (33.3 percent) that do immediate breastfeeding and there are 10 respondents (37%) which gives the results of statistical tests with colostrum test chi-square indicates that BSE is related to perform Immediate Breastfeeding ( $p < 0.001$ ). The relative ratios of gained 2.36 with a 95% CI: 1.36-4.08 and relate to give colostrum ( $p = 0,013$ ). The relative ratio obtained for 1,77 with 95% CI: 1.04-2.99 Multiple logistic regression test results obtained the BSE-related variables ( $p < 0.001$ ).

Based on the value of the coefficient (B) it can be seen that the variables associated with parity do immediate breastfeeding. Of the relationship of the variables can be viewed from the value exp (B) or RR by 8,26 with 95% CI: 2.78-24.5. As well as administering colostrum, BSE-related variables obtained grant of colostrum ( $p = 0,019$ ). Of the relationship of the variables can be viewed from the value exp (B) or RR 3,17 with 95% CI: 1.21-8.34. There is a difference between people who have a low and high self efficacy.

A person with low self-efficacy will tend to feel helpless, unable to do the settings on the circumstances that happened in her life by the time they menghadapi barriers, they will quickly give up, when on the first attempt had been wound up. A person with low self- efficacy will not make any attempt to address existing barriers, because they believe that the actions that they do will not bring any influence. Low self efficacy can undermine the motivation, lower cognitive ability, interferes with aspirations, and indirectly may affect physical health (Schultz 2005) On the other hand, a person with high self-efficacy believe they can cope with events and situations effectively. They have high \_confidence with regard to their capabilities as compared to people who have low self efficacy and they only showed little doubt against myself.

They see the difficulty that exists as something that is challenging, than as something threatening, they are also actively seeking to find a new situation. High self efficacy reduces the fear of failure, increase aspirations, as well as improving how problem solving and analytical thinking ability (Schultz, 2005). In General, venture capital and readiness to provide BREAST MILK can be seen from the value of BSE's mother.

The value of mothers high BSE make efforts and readiness to give BREAST MILK are also high BSE towards the mother to give BREAST MILK has a very big role. The role determines selection behavior. The role of self efficacy, as the determining the

amount of effort and endurance in overcoming obstacles and circumstances that are wonderful to give breast milk in the future (Kingston,2007). Mother Self-efficacy to give BREAST MILK has a very big role. First determine the role the selection behavior. The second role of self efficacy as a determinant of the amount of effort and endurance in overcoming obstacles and circumstances that are wonderful to give breast milk.

The third role affects the mindset and emotional reactions. Mothers who have low self efficacy for breastfeeding has always considered himself less able to handle the current situation as well as in anticipation of the coming situation. The fourth role as prediction for further behavior. (Spaulding, 2007; Kingston dk, 2007)). Conclusion Maternal characteristics (parity) is associated with immediate breastfeeding with a value of  $p = 0.005$ ;  $RR = 1.67$   $CI = 1.10-2.53$  and administering colostrum with value  $p = 0,038$ ;  $RP = 1.54$ ;  $CI = 0.98-2.44$ , while age, parity, education and employment are not related. Bivariat analysis BSE affect immediate breastfeeding with a value of  $p = 0.000$ ;  $RR = 2.36$ ;  $CI = 1.36-4.08$ , and also giving the colostrum to BSE with a value of  $p = 0,013$ ;  $RR = 1,77$ ;  $CI = 1.04-2.99$ . Multivariate analysis of BSE is the most dominant variable influenced by immediate implementation of breastfeeding with a value of  $0.001$   $p <$ ;  $RR = 8,26$ ;  $CI = 2.78-24,51$  and



so is by administering colostrum with value  $p = 0,019$ ;  $RR = 3,17$ ;  $CI = 1.21-8.34$ .  
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